

January 2006

Jon S. Corzine
Governor



Fred M. Jacobs, MD, JD
Commissioner

NJ Communicable-CABLE

NJDHSS Hosts 2005 Winter Infectious Disease Summits

The NJ Department of Health and Senior Services (NJDHSS) 2005 Winter Infectious Disease Summits were held December 5 at the Birchwood Manor, Whippany, and December 6 at the Mansion on Main Street in Voorhees. More than 550 public health and health care professionals attended the summits. Continuing education credits were provided to public health professionals, certified health education specialists, registered nurses and school nurses.

The morning plenary session consisted of four presentations:

- Christina Tan, MD, Medical Director/Deputy State Epidemiologist, NJDHSS, provided an introduction of statewide surveillance and communicable disease trends.
- The keynote speaker, Matthew Moore, MD, MPH, Commander/Medical Officer III, from the Centers for Disease Control and Prevention, presented "Streptococcal Pneumonia: The Changing Epidemiology and Conjugate Vaccine Implications."
- Shereen Brynildsen, MS, Epidemiologist, Infectious and Zoonotic Disease Program, NJDHSS, provided an update on potential association between Menactra® and Guillaine-Barre Syndrome.
- A multi-disciplinary

presentation "*Pseudomonas aeruginosa* Outbreak: County and State Investigation and Response" was given by Meileen Acosta, MPH, Epidemiologist and Denny Mazukiewicz, RN Public Health Nursing & Infection Control Coordinator, both of Hunterdon County Department of Health, and Anthony Monaco, MS, REHS, HO, Environmental Scientist, NJDHSS.

After lunch, three breakout sessions were offered.

1. Conducting Outbreak Investigations

This presentation focused on the steps involved in conducting disease and foodborne outbreak investigations and included case study examples. Presenters were Carol Genese, MBA, Coordinator, Bioterrorism Surveillance & Epidemiologic Response, Infectious and Zoonotic Disease
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NJDHSS Communicable Disease Service

- Eddy A. Bresnitz, MD, MS, Deputy Commissioner/ State Epidemiologist
- Janet DeGraaf, MPA, Director, Communicable Disease Service
- Christina Tan, MD, Deputy State Epidemiologist/ Medical Director, Communicable Disease Service
- Suzanne Miro, MPH, CHES, Editor, Health Educator, Communicable Disease Service

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Program, Michelle Malavet, MA, REHS, HO, Foodborne Coordinator, and Lisa McHugh, MPH, Epidemiologist, all from the NJDHSS Infectious and Zoonotic Disease Program.

2. Immunization Update

This presentation identified immunization regulations for school-aged children (NJAC 8:57-4), described the "Vaccines for Children" program and enrollment opportunities and reviewed surveillance protocols for reportable vaccine preventable diseases regulations. Session presenters were: Jenish Sudhakaran, Population Assessment Coordinator, and Barbara Giudici, MEd, RN, Supervising Program Development Specialist, both from the NJDHSS Vaccine Preventable Disease Program, and Corey Robertson, MD, MPH, Medical Director, NJDHSS Infectious and Zoonotic Disease Program.

3. Reducing *Clostridium difficile* outbreaks in New Jersey

This workshop explained the incidence and prevalence of *C. difficile* in an institutional setting, analyzed the results of the statewide *C. difficile* survey and looked at best practices to reduce *C. difficile* outbreaks. Presenters: Barbara Juzaitis, RN, BSN, CIC, Manager, Quality Assurance, Shore Memorial Hospital and Esther Tan, MBBS, MPH, Epidemic Intelligence Service Officer,

NJDHSS Staff Appointed to Board

Christine Armenti, Refugee Health Program Coordinator for the NJDHSS Infectious and Zoonotic Disease Program, has been selected as a member of the National Association of Health Coordinators Executive Board. Congratulations!

Antimicrobial Resistance Task Force News

In February 2005, members of the NJ Department of Health and Senior Services (NJDHSS) created an antimicrobial task force charged with initiating activities to identify, control and prevent antibiotic resistant infections. The group has been meeting regularly, approximately every 4 – 6 weeks, to discuss pertinent information in achieving its goals. The task force, in an effort to develop easy recognition, adopted the name NJ CAUSE, an acronym for NJ Careful Antibiotic Use Strategies and Education.

One of the group's initial tasks was to create a website for the delivery of pertinent public and professional information. The website was launched

in October 2005 and currently contains an introduction to NJ CAUSE, public information (including a fact sheet and frequently asked questions document), professional information (including infection control guidelines, information for correctional facilities, school, and health care facilities), and educational information for school athletes. Additional materials and information will be added as they become available.

Please visit:

<http://nj.gov/health/cd/mrsa/index.shtml>

Disease of the Quarter—Avian Influenza

Influenza viruses: Influenza, commonly called "the flu," is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). There are three influenza virus types: A, B, and C. Influenza A virus can infect a variety of animals, including, but not limited to humans, birds, pigs, horses, seals, and whales. Wild birds (i.e., migratory waterfowl) are the natural reservoir for all known subtypes of influenza A virus. Influenza type A poses the greatest risk for human epidemics or pandemics. Humans are the only known reservoir for influenza B and C. Although influenza B viruses can cause human epidemics, they have not caused pandemics. Influenza type C viruses cause mild illness in humans and do not cause epidemics or pandemics.

Avian influenza (AI) or Bird Flu: AI or "bird flu" is a contagious disease of animals caused by influenza type A. Wild birds who serve as asymptomatic carriers are the natural reservoir for AI. These birds can transmit the virus to other bird species in which it can cause disease. All bird species are thought to be susceptible to the infection. Domestic poultry flocks are especially vulnerable to infections that can quickly reach epizootic proportions and result in very large die-offs.

Human Infection: Direct contact with infected poultry or surfaces and objects contaminated with their feces is considered the main route of human infection. To date, most human cases have occurred in rural areas where households keep small, free roaming poultry flocks. These birds are sometimes allowed in living quarters and share outdoor play areas with children.

Clinical Picture

What we know about the current presentation of AI is based on case series

describing the clinical features and epidemiology of human cases of influenza A (subtype H5N1). Human illness caused by H5N1 is characterized by fever and upper-respiratory (e.g., rhinorrhea, sore throat) and lower-respiratory symptoms (e.g., cough, shortness of breath). Gastrointestinal symptoms (e.g., abdominal pain and diarrhea) have also been described. Laboratory abnormalities include leukopenia, lymphopenia, thrombocytopenia, and abnormal liver enzymes. Chest radiograph abnormalities have been observed.

Of note, patients with H5N1 infection are at risk of major complications, including primary viral pneumonia and death. Symptoms generally appear three to seven days after exposure and can last up to seven days. Adults with AI are infectious for at least seven days, while children can be infectious for up to 21 days. Humans infected with the current circulating influenza A viruses (i.e., H1N1, H1N2, and H3N2) are contagious 24 hours before symptom onset. Since human-to-human transmission of AI is rare, we do not know the infectious period of individuals with AI. Persons with antibodies to AI, but who have no history of clinical illness, have been reported. This suggests that asymptomatic infection is possible. It is unclear at this time if these individuals are capable of transmitting the infection.

Risk Assessment

Those individuals who have traveled to areas where AI has been identified and had contact with poultry on farms or visited live animal markets are at increased risk. Additionally, any individual with

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CDRSS Corner

A New Name and the Roll Out of a New System

This column, previously called the “CDRS Corner” has been renamed the “CDRSS Corner,” reflecting the name of the new Communicable Disease Reporting and Surveillance System (CDRSS). In the first quarter of 2006, the CDRSS production site will replace the old CDRS production site and become the only electronic forum for reporting reportable communicable diseases in the state of New Jersey.

Five hundred users were trained during Nov/Dec 2005 on CDRSS and its enhanced reporting and surveillance capabilities. In contrast to CDRS, CDRSS is a patient-centric system, which allows users to track all information on a patient, including any past cases of illnesses or other relevant demographic information. At the CDRSS training site, trained users can practice enhanced reporting and investigation capabilities (including tracking signs and symptoms, risk factors, etc.) while also trying out new features such as the documentation of multiple addresses and aliases per patient, and contact tracing and multiple reports via maps. Cases with addresses that could not previously be geo-coded can now be physically mapped to specific coordinates so they appear within the correct local health department jurisdictions where they can be appropriately investigated.

A detailed user guide, posted on the web-enabled site, walks users step-by-step through the data entry function with simulation data provided throughout for the user to practice in the training site. On-going guide updates will provide more support at the users’ fingertips.

All users must be trained on the CDRSS training site before they will be given access to the new CDRSS production site to report communicable diseases. Increased security

in the CDRSS also requires that users sign a confidentiality agreement before accessing the new system.

Training Available

Any users not currently trained on the new CDRSS can register for a training session at 3635 Quakerbridge Road, Mercerville, by contacting CDRSS@doh.state.nj.us. Upon completion of the training, access to the CDRSS production site will be granted so that electronic reporting can begin immediately.

Contact Information – Including a New Number for Help Desk Support

For system help call the CDRSS Help Desk at 609-631-4744.

For CDRSS Office of Information and Technology Services (OITS) technical support, call toll free at 1-800-883-0059.

You can also email questions for any of the above to cdrsadmin@doh.state.nj.us. Congratulations to Janet DeGraaf, Director,

Congratulations to Patty Jordan, Public Health Representative 3, for receiving a Master of Arts degree in Education with an emphasis on Adult Education and Distance Learning from the University of Phoenix.

Communicable Disease Service Director Honored



Communicable Disease Service for receiving special recognition from Fred Jacobs, NJDHSS Commissioner, for her outstanding contributions to the department in 2005.

NJDHSS Health Educators Present at National Conferences

Society for Public Health Education (SOPHE)

Suzanne Miro, Health Education Coordinator for the NJ Department of Health and Senior Services' Communicable Disease Service presented at the annual SOPHE conference in Philadelphia on December 9, 2005. A panel presentation entitled "On the Front Lines: Health Education Responses to Contemporary Public Health Challenges" highlighted both the Federal and State perspectives on the Top Officials 3 (TOPOFF 3) bioterrorism exercise. "A lot of health educators across the country have not had the opportunity to respond to a public health emergency. I felt it was important to convey that health educators play a significant role in the preparation for emergencies as well as in the response. It was also a great venue to share some of our lessons-learned to help other state level health educators in their preparatory activities," said Ms. Miro.

American Public Health Association (APHA)

NJ Department of Health and Senior Services (NJDHSS) Health Educator, Sylvia Bookbinder and 2005 summer intern/doctoral candidate, Lori Uscher Pines, presented a Health Administration poster at the 133rd Annual Meeting of the American Public Health Association in Philadelphia in December. The title was, "From Bioterrorism Exercise to Real-Life Public Health Crisis: Lessons for Emergency Hotline Operations." The poster compares NJDHSS hotline experiences of the influenza vaccine shortage of 2004-05 and the April 2005 TOPOFF 3 exercise. Of the over 900 scientific sessions, round-table workshops, poster sessions, and panel discussions, it was the only presentation on TOPOFF3.

National Viral Hepatitis Prevention Conference

The Centers for Disease Control and Prevention (CDC) held a National Viral Hepatitis Prevention Conference for the first time in three years December 5-9, 2005 in Washington, D.C. State hepatitis B and C coordinators, hepatitis advocacy group leaders, drug treatment specialists, as well as CDC sexually transmitted disease (STD) and HIV staff attended the weeklong conference.

The primary focus of the meeting was integration of hepatitis A, B, and C into drug prevention/treatment, and HIV/STD-related settings. Information on hepatitis, HIV, and STDs should be presented to clients based on their behavioral risks. Staff from each program need to be knowledgeable about all three areas to

provide the most inclusive information to clients. Information updates were also provided on perinatal hepatitis B prevention and hepatitis A and B vaccination for high-risk adults.

Sandy Van Sant, NJ Dept. of Health and Senior Services Hepatitis C Coordinator presented a poster at the conference titled "Integration of Hepatitis A, B, and C into HIV Prevention."

Congratulations to Sandy Van Sant for

Congratulations!

her election to the statewide HIV Community Planning Group.

Disease of the Quarter—Avian Influenza

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exposure to poultry or poultry droppings may be at increased risk if the flocks they are exposed to develop AI.

Diagnosis: Since AI is an influenza type A virus, commercially available rapid-antigen influenza tests can be performed to quickly determine if the patient has influenza A and/or B. However, these tests cannot determine if the illness is caused by an avian strain of the virus. Additional testing can be performed at the New Jersey Public Health and Environmental Laboratories to determine if AI is the potential cause of the illness.

Treatment: Four antiviral drugs (amantadine, rimantadine, oseltamivir, and zanamivir) are approved by the U.S. Food and Drug Administration for the treatment of influenza. All four have activity against influenza type A viruses. Analyses of some of the H5N1 viruses isolated from poultry and humans in Asia in 2004 have shown that this subtype is resistant to two medications—amantadine and rimantadine. Oseltamivir has demonstrated effectiveness against H5N1, but additional research and monitoring of antivirals is necessary.

Surveillance: NJDHSS is asking all healthcare providers to inquire about recent travel histories of patients presenting with influenza-like illness (ILI). Patients with ILI and a history of travel within the previous 10 days to an affected area should be reported to NJDHSS immediately. For a regularly updated listing of H5N1-affected countries, see the World Organization for Animal Health [OIE] website at http://www.oie.int/eng/en_index.htm and the World Health Organization website at <http://www.who.int/en/>.

Report Suspect Cases: To limit the spread of communicable diseases, early detection is paramount, and AI is no exception. The sooner cases are identified, the sooner contacts can be located. This can lead to swift and targeted implementation of infection control measures. To aid in identifying suspect cases of AI, health care providers should ask patients with influenza-like illness about high-risk exposures such as travel abroad to affected areas or contact with birds (poultry, migratory birds, farms, or live animal markets). **Any suspect case of AI should be reported to the health department immediately.**

Pandemic Potential: An epidemic occurs when the observed number of cases exceeds the expected number of cases of a specific disease in a given time period. A pandemic occurs when an epidemic spreads rapidly across many geographic locations, such as in different countries and continents.

While over 130 individuals in Asia (12/7/05, http://www.who.int/csr/disease/avian_influenza/country/en/) are known to have contracted AI, this strain has rarely been transmissible from person to person. We do not know if this strain eventually will be the cause of the next pandemic or if it will disappear and another influenza virus will become the next pandemic. However, history tells us that there will be one. To prepare for that eventuality, NJDHSS has developed an Influenza Pandemic Plan that is updated periodically. It is available at: <http://nj.gov/health/flu/pandemic.shtml>. It describes the responsibilities of governmental public health care agencies, hospitals, and other public health partners.

Communicable Disease Service Mission Statement

Our mission is to prevent communicable disease among all citizens of New Jersey, and to promote the knowledge and use of healthy lifestyles to maximize the health and well-being of New Jerseyans.

We will accomplish our mission through our leadership, collaborative partnerships, and advocacy for communicable disease surveillance, research, education, treatment, prevention and control.

NJ Department of Health & Senior Services

PO Box 369
Trenton, NJ 08625-0369

Phone: (609) 588-7500

The NJDHSS Communicable Disease Service Includes:

- Infectious & Zoonotic Disease Program (IZDP)
- Vaccine Preventable Disease Program (VPDP)
- Sexually Transmitted Disease Program (STDP)
- Tuberculosis Control Program (TBP)

Past editions of the NJ Communi-CABLE are available on the Communicable Disease Service website:

<http://www.state.nj.us/health/cd/index.html>

Welcome to new NJDHSS Communicable Disease Service Staff!!

Infectious and Zoonotic Disease Program

Terrie Whitfield, Public Health Representative 2, Refugee Health Program

Vaccine Preventable Disease Program

Catherine R. Ricks, Public Health Representative Trainee

Tariq Ahmad, Public Health Representative 3



Lisa McHugh and Kelly Miller of the Infectious and Zoonotic Disease Program began a new tradition in the CDS. In lieu of the annual gift exchange between co-workers, Lisa and Kelly rallied employees to donate to Toys for Tots. The mission of the U.S. Marine Corps Reserve Toys for Tots Program is to collect new, unwrapped toys during October, November and December each year and distribute those toys as Christmas gifts to needy children in the community in which the campaign is conducted. The effort was well received and the CDS donated enough gifts to fill a van.



Pictured are Kelly Miller, Lisa McHugh, Janet DeGraaf and CC Sgt. Sobrido.